



SC Association of Educational Office Professionals Mentoring Program

MENTORING PROGRAM APPLICATION

Applicant Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you applying to be a MENTOR.: _____ MENTEE: _____

Which Mentoring TIER? Tier I Mentoring – Peer Career Mentoring: Mentor Mentee
 Tier II Mentoring – Leadership Mentoring: Mentor Mentee
 Tier III Mentoring – Affiliate Mentoring: Mentor Mentee

Are you an active member of your local affiliate? YES NO
 If yes, name of affiliate: _____

Are you a member of NAEOP (National Association of Educational Office Professionals)? YES NO
 If yes, when? _____

Have you ever held a leadership position in your local, state or national organization? YES NO

If yes, what positions: _____

GETTING TO KNOW YOU

SCHOOL DISTRICT or ORGANIZATION YOU ARE A MEMBER OF: _____

Position Classification:

- Elementary
- Middle/Jr. High
- High School
- Administrative/District
- Specialty Departments (i.e. Transportation, Maintenance)
- Higher Education/Education Partners
- Other: _____

From: _____ To: _____

What do you want to achieve through engaging in the mentoring relationship?

If you are applying to be a MENTEE, please share three goals you want to accomplish through this process. In sharing these goals, share how it would be beneficial to you, beneficial to your organization/community and potential barriers to success, and resources/support needed to achieve this goal: